

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED

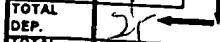
AFTER 1ST
AMENDMENT

AFTER 2ND
AMENDMENT

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TOTAL IND.

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TOTAL DEP.

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TOTAL CLAIMS

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TOTAL IND.

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TOTAL DEP.

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TOTAL CLAIMS

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